Attorney Docket No.: P-6714-US

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below under my name.

I believe that I am the original and first sole inventor or an original and first joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A PROCESS FOR PRODUCTING POLAR POLYOLEFINES AND MODIFIED POLYOLEFINES THEREOF

POLYOLEFINES THEREOF				
the Specification	n of which			
	is attached hereto was filed on as United States Application No. and was amended on	Application Number or PC	Γ International (if applicable).	
I hereby state that I have reviewed and understand the contents of the above-identified Specification, including the claims, as amended by any amendment referred to above.				
		close information which is mate, Code of Federal Regulations, 1.		
I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any provisional application filed in the United States in accordance with 35 U.S.C. §1.119(e), or any application for patent that has been converted to a Provisional Application within one (1) year of its filing date, or any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.				
PRIOR FILED APPLICATION(S)				
APPLICATION NUMBER	COUNTRY	(DAY/MONTH/YEAR FILI	ED) PRIORITY CLAIMED	
application liste not disclosed in Title 35, Unite defined in Title	d below, and, insofar a any prior United Stated States Code, §112, 37, Code of Federal Re	der Title 35, United States Cod s the subject matter of each of the s application in the manner prov I acknowledge the duty to dis egulations, \$1.56(a), which occur r PCT international filing date of	ne claims of this application is rided by the first paragraph of close material information as tred between the filing date of	
APPLICATION NO.		LING DATE AY/MONTH/YEAR)	STATUS – PATENTED, PENDING, ABANDONED	

Attorney Docket No.: P-6714-US

I hereby appoint as my attorney(s) and agent(s) Mark S. Cohen (Attorney, Registration No. 42,425) or Caleb Pollack (Attorney, Registration No. 37,912) or Guy Yonay (Attorney, Registration No. 52,388) or Guy Levi (Attorney, Registration No. 55,376) said attorney(s) and agent(s) with full power of substitution and revocation to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Please address all correspondence regarding this application to:

EITAN, PEARL, LATZER & COHEN ZEDEK, LLP. 10 ROCKEFELLER PLAZA SUITE 1001 NEW YORK, NEW YORK 10020

Direct all telephone calls to (212) 632-3480 and all facsimiles at (212) 632-3490.

Customer No. 27130

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF INVENTOR:	HALAHMI, Izhar
FULL RESIDENCE ADDRESS:	4 Itzhak Ben Zvi Street, Hod Hasharon 45100, Israell
COUNTRY OF CITIZENSHIP:	Israel
FULL POST OFFICE ADDRESS:	same
SIGNATURE OF INVENTOR	
DATE	
(day / month / year)	·

Attorney Docket No.: P-6714-US

FULL NAME OF INVENTOR:	HERLING, ZIV
FULL RESIDENCE ADDRESS:	1023 Yaara Street, Gan Ner 19351, Israel
COUNTRY OF CITIZENSHIP:	Israel
FULL POST OFFICE ADDRESS:	same
SIGNATURE OF INVENTOR	
DATE(day / month / yea	ar)
FULL NAME OF INVENTOR:	ZUR, Dror
FULL RESIDENCE ADDRESS:	Moshav Ram-On, M.P. Megido 19205, Israel
COUNTRY OF CITIZENSHIP:	Israel
FULL POST OFFICE ADDRESS:	same
SIGNATURE OF INVENTOR	
DATE(day / month / year)	
FULL NAME OF INVENTOR:	MUHAMMAD, Omari
FULL RESIDENCE ADDRESS:	Sandala, PO Box 279, 19353, Israel
COUNTRY OF CITIZENSHIP:	Israel
FULL POST OFFICE ADDRESS:	same .
SIGNATURE OF INVENTOR	
DATE	
(day / month / year)	